

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 8713  
Registrar's No. 2196

Registration District No. 791

Primary Registration District No. 1003

## 1. PLACE OF DEATH:

- (a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5444 Delor St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 (Specify whether)  
In this community 3 years (years, months or days)

3. (a) PRINT FULL NAME WALDO H. DRAKE

8. (b) If veteran, name war World War 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
(b) Name of husband or wife Edith W. Drake 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased May 30 1888 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>8</u>	<u>1</u>	

9. Birthplace Chase City, Ill. (City, town, or county) (State or foreign country)10. Usual occupation School Teacher11. Industry or business Cleveland High School12. Name Cornelius Drake13. Birthplace Ill. (City, town, or county) (State or foreign country)14. Maiden name Sadler15. Birthplace Springfield, Ill. (City, town, or county) (State or foreign country)16. (a) Informant's own signature Edith W. Drake(b) Address 5444 Delor St. St. Louis, Mo.17. (a) Cause of death Cancer (b) Date thereof May 30 1940 (Month) (Day) (Year)(c) Place: burial or cremation Overland, Mo.18. (a) Signature of funeral director Overland, Mo.(b) Address Overland, Mo.19. (a) MAY 5 1940 (b) J. F. Braddock (Date received local registrar) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 14  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 5444 Delor St. (If rural, give location)  
(e) If foreign born, how long in U. S. A. years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1940 hour 1 minute 40 A. M.21. I hereby certify that I attended the deceased from Apr 1939 to date of death, 1940, that I last saw him alive on 2/26/40, and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Colon

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. H. Omasta (M. D. or other)Address 3720 Washington Date signed 3/2/40St. Louis.

2196  
9612

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Oscar F. Mueller

Licensed Embalmer No.....

3039

P. O. Address.....

Overland Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.